

Employment Practices Liability Insurance Application

Section A: General Information

1. Name of Entity:

(If there are other entities being considered for coverage under this Policy, you must provide their name prior to binding coverage and complete the Additional Insured Supplemental)

2. Address of Named Entity:

3. Contact Name:

4. Nature of Business:

5. Email Address:

6. Website:

7. Telephone:

8. Fax:

9. Years in Operation:

10. Type of Organization:	Corporation	LLC
	Partnership	Individual
		Other

11. Total Number of Employees:

A: Full Time

B: Part Time

C: Number of Locations

Section B: Human Resources

1. Do you use a written employment application?

Yes No

2. Do you have an at-will provision for all employees?

Yes No

3. Do you have a written policy on anti-harassment and procedures to report to management?

Yes No

4. Do you have a written policy on anti-discrimination or an EEOC statement prohibiting discrimination?

Yes No

Section C: Claim History

1. Has any claim, suit, incident, complaint, charge, or other proceeding related to actual or alleged sexual harassment, wrongful termination, wrongful discrimination, unfair labor practices, or wage and hour violation been brought against your company in the last FIVE (5) years?

Yes
No

If yes, you are required to provide full details of the claim(s), including but not limited to, specific nature of the allegations, date of loss, current status, all amounts paid and or anticipated. You can use our claim supplemental or provide a detailed explanation on a separate sheet.

2. Does any Director, Officer, Manager, Supervisor, Employee or Partner currently have knowledge of any pending Claim(s) and/or any fact(s), circumstance(s), situation(s) or event(s) which could reasonably give rise to a Claim against you for alleged employment practices by any former or current employee or a claim alleging third party discrimination or harassment, which could reasonably give rise to a Claim against you?

Yes
No

If yes, please fully complete the attached claim supplement or attach an explanation.

Section D: Applicant's Warrants and Signature

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

Date:

Applicant's Authorized Signature:

Title:

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INSTRUCTIONS: List all locations and/or entities to be covered by the policy for which you are applying. Failure to list a particular location or entity may preclude coverage for that location or entity. Please note all locations and/or entities must have a majority ownership of 50%+ by the Named Insured to be eligible for coverage under this Policy. Any location, organization or entity that is created, formed or merged after the Effective Date of this Policy must be reported to the Company.

	Entity Name	Entity Address	Nature of Business	Employees	
				Full Time	Part Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			Totals:		

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